## **Time Analysis Form**

### U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs



Employee Statement Please carefully read instructions on reverse before filling out this form.								
1. Name of Employee: (Last, First, Middle) 2. SSN						3. OWCP File Number		
4. Period Covered by This Form:							5. Total Hours Claimed	
From:// To://							for LWOP: for Leave Buyback:	
6. In "Type o		nn, use co	odes "S" = \$	Sick, ".			Other. If compensation is claimed for date,	
		Number of Hours				Type of		
Date(s)	Compensation Claimed?	LWOP	Worked	Hol	Leave	Leave Used	Reason for Leave Use/Remarks (e.g., doctor visit, therapy, etc.)	
Totals								
<del></del>								
Signature of Claimant Date Signed								
7. Agency Statement/Certification: I certify the above is accurate, except as follows:								
Signature of Agency Official							Date Signed	

# Instructions for Completing Form CA-7A Time Analysis

**General:** This form is used when claiming FECA compensation, including repurchase of paid leave. It must be used when claiming compensation for more than one consecutive period of leave.

### **Instructions for Employee:**

Blocks 1, 2, and 3: Self-explanatory.

**Block 4:** Indicate beginning and ending dates covered by this form. These must be the same as

on Forms CA-7 and CA-7b.

**Block 5:** If claiming compensation for any dates detailed in block 5, state total number of hours

claimed for leave without pay and total number of hours of leave. This should be at least

10 hours unless this is your final claim.

Block 6:

1<sup>st</sup> Column: Show full date.

2<sup>nd</sup> Column: For each date noted in column 1, state "Y" if you are claiming

compensation

3rd. 4th.

5<sup>th</sup> and 6<sup>th</sup> Show the number of hours of LWOP, number of hours worked, paid

**Columns:** holiday hours, and number of hours of paid leave.

**7<sup>th</sup> Column:** Using the legend provided, indicate the type of leave used.

8<sup>th</sup> Column: State the reason you were off work. For each date for which

compensation is claimed, there must be medical evidence supporting

entitlement.

Sign and Date Form and Submit to the Appropriate Agency Official.

#### **Instructions for Employing Agency:**

Block 7: Verify accuracy of hours and status for each date listed. If challenging entitlement for any date, attempt to resolve discrepancies prior to submitting claim to OWCP. If discrepancy cannot be resolved, indicate the specific basis for the challenge in the space provided.